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**APPLICATION FOR SPECIAL
MOTORCYCLE TRANSPORTATION PERMIT**

PERMIT NUMBER _____

MAKE _____

VEHICLE IDENTIFICATION NO. (VIN) _____

TRUE FULL NAME (LAST, FIRST, MIDDLE) _____

MAILING ADDRESS _____

APT. NO. _____

CITY _____

COUNTY _____

ZIP CODE _____

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I further certify that this motorcycle is used exclusively in racing events on a closed course.

DATE _____

SIGNATURE _____

X

DAYTIME TELEPHONE NUMBER _____

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REG 712 (REV. 7/2008) **WWW/DMVWeb**

CUT ON LINE AND KEEP THIS PART FOR YOUR RECORDS

20 _____

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